

CLAIMS ONLY						Application Number <u>10/1754220</u>	Filing Date
						Applicant(s)	
* May be used for additional claims or amendments							
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		
	Indep	Depend	Indep	Depend	Indep	Depend	
1	/						
2		1					
3							
4							
5							
6							
7							
8		1					
9							
10	1						
11		1					
12							
13		1					
14							
15		1					
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18		1					
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46							
47							
48							
49							
50							
Total Indep	3						
Total Depend	17						
Total Claims	20						